

Medical Clearance Form

Dear Doctor:

_____ has applied for enrollment in the fitness
Name of applicant

testing and/or exercise programs at The Dublin Community Recreation Center. The fitness testing program involves a submaximal test for cardiorespiratory fitness, body composition analysis, flexibility test and muscular strength and endurance tests. The exercise programs are designed to start easy and become progressively more difficult over a period of time. A more detailed description of the testing and exercise programs is available upon request. All fitness tests and exercise programs will be administered by qualified personnel trained in conducting exercise tests and exercise programs.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and / or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and /or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about The Dublin Community Recreation Center fitness testing and /or exercise programs, please call.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate.

Physician's signature _____ Date _____

Address _____ Telephone _____

City and State _____ Zip _____

Fax to: DCRC
ATTN: T.J. Putnam
614-761-6545

Mail to: DCRC
ATTN: T.J. Putnam
5600 Post Road
Dublin, Ohio 43017

For questions please contact:
T.J. Putnam
Fitness & Wellness Coordinator
614-410-4584